

# North Dakota Schedule FC

## Family Member Care Credit

Attach to Form 37-S or Form 37

Name(s) shown on Form 37-S or Form 37

Social security number

- Use this schedule to determine if you qualify for the family member care credit and compute the amount of the credit, if you qualify.
- If you paid qualified care expenses for more than one qualifying family member, you must complete a separate Schedule FC for each qualifying family member.
- See the instructions on the other side of this schedule for definitions of *qualifying family member* and *qualified care expenses*.

### Part 1 - Do you qualify for the credit?

Answer the questions below (by checking either YES or NO) to see if you qualify for the family member care credit.

#### Qualifying Family Member Criteria

1. Is the family member related to you by blood or marriage? .....
2. Is the family member at least 65 years old **or** disabled as determined by the Social Security Administration? .....
3. If the family member is not married, is the family member's federal taxable income equal to or less than \$15,000? If the family member is married, is the total federal taxable income of the family member and the family member's spouse equal to or less than \$30,000? .....

	YES	NO
1		
2		
3		
4		

#### Taxpayer Federal Taxable Income Limitation

4. If your **Filing status** (on the front of Form 37-S or Form 37) is **Single** or **Married filing joint** or **Head of household** or **Qualifying widow(er)**, is your federal taxable income less than \$52,000? If your **Filing status** is **Married filing separately**, is your separate federal taxable income for North Dakota purposes less than \$26,000? .....

- If you answered **YES** to **ALL** of the questions, go to **Part 2 - Computation of the credit**.
- If you answered **NO** to any of the questions, you are not eligible for the credit. **Do not complete the rest of this schedule.**

### Part 2 - Computation of the credit.

Name of qualifying family member

Social security number of qualifying family member

5. **Qualified care expenses** paid by you during the tax year (for qualifying family member identified above) (Attach a statement listing and identifying the qualified care expenses you paid) ..... (FA)
6. Taxpayer's federal taxable income (from Form 37-S, line B or Form 37, Schedule 2, line 1 or Form 37, Schedule 3, line 1, Column A) ..... (FB)
7. Decimal amount (from table below) (If your **Filing status** is **Married filing separately**, enter one-half of the decimal shown in the table) ..... (FC)

If the amount on line 6 is:		Decimal amount is:	If the amount on line 6 is:		Decimal amount is:
Over	But not over		Over	But not over	
\$ 0	\$ 25,000	.30	\$ 35,000	\$ 37,000	.24
25,000	27,000	.29	37,000	39,000	.23
27,000	29,000	.28	39,000	41,000	.22
29,000	31,000	.27	41,000	43,000	.21
31,000	33,000	.26	43,000	No limit	.20
33,000	35,000	.25			

8. Multiply line 5 by line 7 ..... (FD)
9. Maximum credit per qualifying family member. Enter \$2,000 if **Single** or **Married filing joint** or **Head of household** or **Qualifying widow(er)** **OR** \$1,000 if **Married filing separately** ..... (FE)
10. Enter smaller of line 8 or line 9 ..... (FF)
11. Income threshold. Enter \$50,000 if **Single** or **Married filing joint** or **Head of household** or **Qualifying widow(er)** **OR** \$25,000 if **Married filing separately** ..... (FG)
12. Excess of federal taxable income over income threshold (Subtract line 11 from line 6) (If less than -0-, enter -0-) ..... (FH)
13. Family member care credit (Subtract line 12 from line 10) (If less than -0-, enter -0-) **See below for limitations that may affect the amount of the credit you may claim** ..... (FI)

**You may not be able to claim the full amount of the credit shown on line 13 if:**

- You completed a Schedule FC for more than one qualifying family member, **OR**
- One or more other taxpayers are claiming this credit for the same qualifying family member

If either of the above conditions applies, check the appropriate box(es) below and see **Limitations on credit** in the instructions on the other side of this schedule; otherwise, enter the amount from line 13 of this schedule on line 12 Form 37-S or line 7, Form 37.



Check this box if you've completed and attached more than one Schedule FC



Check this box if one or more other taxpayers are claiming this credit for the same qualifying family member

**IMPORTANT**

## Instructions For Schedule FC

## Purpose of schedule

If you paid qualified care expenses for a qualifying family member during the tax year, you may be able to take the family member care income tax credit. See **Qualified care expenses** and **Qualifying family member** below. If you qualify for the credit, you must complete this schedule and attach it to your return.

*This credit is allowed on Form 37-S (Short Form) and Form 37 (Long Form).*

*You must attach a statement listing and identifying the qualified care expenses you paid during the tax year.*

*If you paid qualified care expenses for more than one qualifying family member, you must complete a separate Schedule FC for each qualifying family member.*

## Qualified care expenses

Qualified care expenses means expenses for home health agency services, companionship services (*see below*), personal care attendant services, homemaker services, adult day care, respite care, health care equipment and supplies, and other expenses for goods and services which are:

1. Necessary to avoid the placement of a qualifying family member in a long-term care facility;
2. Provided to or for the benefit of (or needed by the taxpayer to care for) a qualifying family member;
3. Provided by an organization or individual not related to the taxpayer or the qualifying family member; and
4. Not compensated for by insurance or a federal or state assistance program.

**Companionship services.** Companionship services means services that provide fellowship, care and protection for a person who is unable to care for his or her own needs because of advanced age or a physical or mental disability. These services include household work directly related to the care of the aged or disabled person, such as meal preparation, bed making, washing clothes and other similar services. These services may also include household work not directly related to the care of the aged or disabled person if the time it takes to do this work during any week does not exceed 20% of the total hours worked during that same week.

Companionship services **do not** include services which require and are performed by trained personnel, including a registered or practical nurse, or services to care for and protect infants and children who are not physically or mentally disabled.

## Qualifying family member

A qualifying family member is a person who:

1. Is related to you by blood or marriage;
2. Is either at least 65 years old or disabled as determined by the Social Security Administration; and
3. Has a federal taxable income equal to or less than:
  - a. \$15,000, if not married; or
  - b. \$30,000, if married (*both spouses incomes must be included.*)

## Limitations on credit

You may not be able to claim the full amount of the family member care credit that you compute on this schedule if:

1. You completed a Schedule FC for more than two qualifying family members (*see More than two qualifying family members below*), or

2. One or more other taxpayers are also claiming the family member care credit for the same qualifying family member (*see Multiple taxpayers below*).

## More than two qualifying family members.

The maximum credit that may be claimed is \$2,000 per qualifying family member, up to a maximum credit of \$4,000 for two or more qualifying family members. Therefore, if you pay qualified care expenses for more than two qualifying family members, the maximum credit you may claim is \$4,000. (*If you are married and are required to file a separate North Dakota return, the maximum credit that you may claim is \$1,000 per qualifying family member, up to a maximum credit of \$2,000 for two or more qualifying family members.*)

**Multiple taxpayers.** If, in addition to yourself, one or more other taxpayers are also claiming the family member care credit for the same qualifying family member, you must complete the **Multiple Taxpayer Schedule** (*below*) to identify the other taxpayers and, if necessary, recompute the amount of credit that you are allowed. If the total credits separately computed by you and the other taxpayers with respect to the same qualifying family member exceeds \$2,000, the separately computed credits must be disregarded, and the amount of credit allowable to each taxpayer must be determined by multiplying \$2,000 by the ratio that each taxpayer's payments for qualified care expenses bears to the total payments for qualified care expenses made by all taxpayers. **If more than two taxpayers are claiming the credit for the same qualifying family member, attach additional schedules as needed.**

**If you are required to complete the Multiple Taxpayer Schedule below, attach the schedule to your return.**

## Multiple Taxpayer Schedule

1. Name of qualifying family member .....
2. Social security number of qualifying family member .....

	Taxpayer 1	Taxpayer 2	Total
3. Name of taxpayer .....	_____	_____	
4. Social security number of taxpayer .....	_____	_____	
5. Amount of family member care credit computed by taxpayer ( <i>from line 13, Schedule FC</i> ) .....	_____	_____	_____

- If the total of the credits (*on line 5*) for all taxpayers is equal to or less than \$2,000, do not complete the rest of this schedule. Each taxpayer is allowed to claim the amount of the credit computed on the taxpayer's separate Schedule FC.
- If the total of the credits (*on line 5*) for all taxpayers exceeds \$2,000, complete lines 6 through 8 below to determine the amount of credit allowed to each taxpayer.

6. Qualified care expenses ( <i>from line 5, Schedule FC</i> ) .....	_____	_____	_____
7. Percentage ( <i>Divide each taxpayer's expenses on line 6 by the total expenses of all taxpayers on line 6</i> ) .....	_____ %	_____ %	100%
8. Allowable family member care credit ( <i>Multiply \$2,000 by each taxpayer's percentage on line 7</i> ) .....	_____	_____	\$2,000